

UNITED STATES DISTRICT COURT  
for the  
Northern District of Ohio

BRITTANY WATTS

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*Plaintiff(s)*

V.

BON SECOURS MERCY HEALTH; MERCY HEALTH  
YOUNGSTOWN LLC D/B/A ST. JOSEPH WARREN HOSPITAL;  
CONNIE MOSCHELL; JORDAN CARRINO; PARISA KHAVARI;  
CITY OF WARREN, OHIO; NICHOLAS CARNEY; UNKNOWN  
MEDICAL PROFESSIONALS.

*Defendant(s)*

Civil Action No. 4:25-cv-00049

## **SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* BON SECOURS MERCY HEALTH  
1701 Mercy Health Place  
Cincinnati, OH 45237

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Jonathan Loevy

Loevy + Loevy  
311 N. Aberdeen St., 3rd Floor  
Chicago, IL 60607

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



*SANDY OPACICH, CLERK OF COURT*

s/ Julianne Dudash

*Signature of Clerk or Deputy Clerk*

Civil Action No. 4:25-cv-00049

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**UNITED STATES DISTRICT COURT**  
 for the  
 Northern District of Ohio

BRITTANY WATTS	)
	)
	)
	)
<i>Plaintiff(s)</i>	)
v.	)
BON SECOURS MERCY HEALTH; MERCY HEALTH	)
YOUNGSTOWN LLC D/B/A ST. JOSEPH WARREN HOSPITAL;	)
CONNIE MOSCHELL; JORDAN CARRINO; PARISA KHAVARI;	)
CITY OF WARREN, OHIO; NICHOLAS CARNEY; UNKNOWN	)
MEDICAL PROFESSIONALS,	)
<i>Defendant(s)</i>	)

Civil Action No. 4:25-cv-00049

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* MERCY HEALTH YOUNGSTOWN LLC  
 D/B/A ST. JOSEPH WARREN HOSPITAL  
 044 BELMONT AVENUE  
 YOUNGSTOWN OH 44501

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jonathan Loevy  
 Loevy + Loevy  
 311 N. Aberdeen St., 3rd Floor  
 Chicago, IL 60607

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 1/13/2025



*SANDY OPACICH, CLERK OF COURT*

*s/ Julianne Dudash*

*Signature of Clerk or Deputy Clerk*

Civil Action No. 4:25-cv-00049

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**UNITED STATES DISTRICT COURT**  
 for the  
 Northern District of Ohio

BRITTANY WATTS	)
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	)
<i>Plaintiff(s)</i>	)
v.	)
BON SECOURS MERCY HEALTH; MERCY HEALTH	)
YOUNGSTOWN LLC D/B/A ST. JOSEPH WARREN HOSPITAL;	)
CONNIE MOSCHELL; JORDAN CARRINO; PARISA KHAVARI;	)
CITY OF WARREN, OHIO; NICHOLAS CARNEY; UNKNOWN	)
MEDICAL PROFESSIONALS,	)
<i>Defendant(s)</i>	)

Civil Action No. 4:25-cv-00049

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* CONNIE MOSCHELL  
 5092 HAYES RD  
 DORSET, OH 44032

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Jonathan Loevy  
 Loevy + Loevy  
 311 N. Aberdeen St., 3rd Floor  
 Chicago, IL 60607

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 1/13/2025



*SANDY OPACICH, CLERK OF COURT*

*s/ Julianne Dudash*

*Signature of Clerk or Deputy Clerk*

Civil Action No. 4:25-cv-00049

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**UNITED STATES DISTRICT COURT**  
 for the  
 Northern District of Ohio

BRITTANY WATTS	)
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<i>Plaintiff(s)</i>	)
v.	)
BON SECOURS MERCY HEALTH; MERCY HEALTH	)
YOUNGSTOWN LLC D/B/A ST. JOSEPH WARREN HOSPITAL;	)
CONNIE MOSCHELL; JORDAN CARRINO; PARISA KHAVARI;	)
CITY OF WARREN, OHIO; NICHOLAS CARNEY; UNKNOWN	)
MEDICAL PROFESSIONALS,	)
<i>Defendant(s)</i>	)

Civil Action No. 4:25-cv-00049

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* JORDAN CARRINO  
 342 PERKINSWOOD BLVD NE  
 WARREN, OH 44483

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Jonathan Loevy  
 Loevy + Loevy  
 311 N. Aberdeen St., 3rd Floor  
 Chicago, IL 60607

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 1/13/2025



*SANDY OPACICH, CLERK OF COURT*

*s/ Julianne Dudash*

*Signature of Clerk or Deputy Clerk*

Civil Action No. 4:25-cv-00049

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**UNITED STATES DISTRICT COURT**  
 for the  
 Northern District of Ohio

BRITTANY WATTS	)
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<i>Plaintiff(s)</i>	)
v.	)
BON SECOURS MERCY HEALTH; MERCY HEALTH	)
YOUNGSTOWN LLC D/B/A ST. JOSEPH WARREN HOSPITAL;	)
CONNIE MOSCHELL; JORDAN CARRINO; PARISA KHAVARI;	)
CITY OF WARREN, OHIO; NICHOLAS CARNEY; UNKNOWN	)
MEDICAL PROFESSIONALS,	)
<i>Defendant(s)</i>	)

Civil Action No. 4:25-cv-00049

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* PARISA KHAVARI  
 1227 E Market St.  
 Warren, OH 44483

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jonathan Loevy  
 Loevy + Loevy  
 311 N. Aberdeen St., 3rd Floor  
 Chicago, IL 60607

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 1/13/2025



*SANDY OPACICH, CLERK OF COURT*

*s/ Julianne Dudash*

*Signature of Clerk or Deputy Clerk*

Civil Action No. 4:25-cv-00049

**PROOF OF SERVICE**

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This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT  
for the  
Northern District of Ohio

BRITTANY WATTS

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*Plaintiff(s)*

V.

BON SECOURS MERCY HEALTH; MERCY HEALTH  
YOUNGSTOWN LLC D/B/A ST. JOSEPH WARREN HOSPITAL;  
CONNIE MOSCHELL; JORDAN CARRINO; PARISA KHAVARI;  
CITY OF WARREN, OHIO; NICHOLAS CARNEY; UNKNOWN  
MEDICAL PROFESSIONALS.

*Defendant(s)*

Civil Action No. 4:25-cv-00049

## **SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* CITY OF WARREN, OHIO  
391 Mahoning Avenue N.W.  
Warren, OH 44483

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Jonathan Loevy  
Loevy + Loevy

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 1/13/2025



SANDY OPACICH, CLERK OF COURT

s/ Julianne Dudash

*Signature of Clerk or Deputy Clerk*

Civil Action No. 4:25-cv-00049

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This summons for *(name of individual and title, if any)* \_\_\_\_\_  
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I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:



Civil Action No. 4:25-cv-00049

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc: